

06/29/01



Please type a plus sign (+) inside this box



PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

122.1222RE

First Named Inventor

Yoshifusa TOGAWA et al.

Original Patent Number

5,918,008

Original Patent Issue Date
(Month/Day/Year)

June 29, 1999

Express Mail Label No.

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy) (Unexecuted)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☐ Yes ☐ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

21171

or ☐ Correspondence address below

Name	Staas & Halsey LLP		
Address	700 Eleventh Street, N.W., Suite 500		
	Zip Code	20001	
City	Washington	State	D.C.
		Fax	202-434-1501
Country	U.S.A.	Telephone	202-434-1500

NAME (Print/Type)	Jon H. Muskin	Registration No. (Attorney/Agent)	43,824
Signature		Date	June 29, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

REISSUE APPLICATION FEE TRANSMITTAL		Attorney Docket No.	122.1222RE
		Application Number	To Be Assigned
		Filing Date	June 29, 2001
AMOUNT ENCLOSED	\$4,970.00	First Named Inventor	Yoshifusa TOGAWA et al.

FEE CALCULATION (fees effective 10/01/00)

Claims in Patent	For	Number Filed in Reissue Application	Number Extra	Rate	Calculations
(A) 51	TOTAL CLAIMS	(B) 110(1) =	(1) 90	X \$18.00 =	\$ 1,620.00
(C) 15	INDEPENDENT CLAIMS	(D) 36(2) =	(2) 33	X \$80.00 =	\$ 2,640.00
BASIC FILING FEE					710.00
Total of above Calculations =					\$ 4,970.00
Reduction by 50% for filing by small entity (37 CFR 1.27)					-
TOTAL FILING FEE =					\$ 4,970.00

(1) If the entry in (A) is greater than 20, use (B)-(A); if (A) is 20 or less, use (B)-20.

(2) If the entry in (D) is less than the entry in (C), use "0".

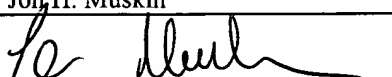
METHOD OF PAYMENT

- ☒ Check enclosed as payment.
- ☐ Charge "TOTAL FILING FEE" to the Deposit Account No., below.
- ☐ No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to maintain pendency).

GENERAL AUTHORIZATION

- ☒ If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:
- | | |
|----------------------|--------------------|
| Deposit Account No. | 19-3935 |
| Deposit Account Name | STAAS & HALSEY LLP |
- ☒ The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC ' 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(b)) to maintain pendency hereof or of any such related application.

SUBMITTED BY: STAAS & HALSEY LLP

Typed Name	Jon H. Muskin	Reg. No.	43,824
Signature		Date	June 29, 2001